

AUG 30 2006

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To:

NAME:	FACSIMILE:	TELEPHONE:
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FROM: THOMAS E. CIOTTI

DATE: AUGUST 29, 2006

Number of pages with cover page:	3	Originals Will Not Follow
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Preparer of this slip has confirmed that facsimile number given is correct: **LDS4/11641**

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Comments:

Atty Docket No: 26415-20246.00
Application Serial No.: 10/518,146
Filed: June 20, 2003
Inventors: Albert SCHAAP *et al*
Art Unit: 1761
Examiner: Not Yet Assigned
Title: PASTEURISATION PROCESS FOR MICROBIAL CELLS AND
MICROBIAL OIL

Enclosed are the following documents:

1. Transmittal - 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL
LINDSAY SEYDEL AT (650) 813-5827 AS SOON AS POSSIBLE

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/518,148
		Filing Date	June 20, 2003
		First Named Inventor	Albert SCHAAP
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages In This Submission	2	Attorney Docket Number	246152024600

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature	<i>Thomas E. Ciotti</i>		
Printed name	Thomas E. Ciotti		
Date	August 29, 2006	Reg. No.	21,013

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300) to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA 22313-1140	
Dated: August 29, 2006	Signature: <i>Lindsay Seydel</i> (Lindsay Seydel)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/518,146
	Filing Date	June 20, 2003
	First Named Inventor	Albert SCHAAP
	Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	248152024600

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☒ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Client requested transfer

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

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OR

☒ Firm or Individual Name Mr. Bryan H. Davidson
Nixon & Vanderhye P.C.

Address 11th Floor
901 North Glebe Road

City Arlington State VA Zip 22203-1808

Country U.S.A.

Telephone (703) 818-4028 Email bhd@nixonvan.com

Signature *Thomas E. Clotti*

Name Thomas E. Clotti Registration No. 21,013

Date August 29, 2006 Telephone No. (650) 813-5702

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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Dated: August 29, 2006 Signature: *Lindsay Seydel* (Lindsay Seydel)

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